

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1. Place of Death: (a) County Graham (b) City or Town Safford (c) Location 8 Mc (St. & No. (or) Name of Institution) 9 yrs

(d) Length of Stay: In Hospital or Institution 8 Mc (Specify whether years, months or days) ; In Arizona 9 yrs

2. Usual Residence of Deceased: (a) State Ariz. (b) County Graham (c) City or Town Safford (If outside city limits also write RURAL)

(d) Street No. _____ ; (e) Citizen of foreign country (Yes or No) _____

3. (a) FULL NAME Bennie Brown (b) If Veteran name war World War I (c) Social Security No. _____

4. Sex Male 5. Race White ☐ Indian ☐ Negro ☐ Oriental ☐ White 6. (a) Single, married, widowed or divorced Divorced 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Oct 12 1897 (Month) (Day) (Year)

8. AGE: Years 47 Months _____ Days _____ If less than one day hrs. _____ min. _____

9. Birthplace Fort Worth Texas (City, town or county) (State or Country)

10. Usual Occupation Farmer

11. Industry or Business _____

12. Name J. W. Brown 13. Birthplace Unknown Texas (City, town or county) (State or Country)

14. Maiden Name Alinda Williams 15. Birthplace Unknown Texas (City, town or county) (State or Country)

16. (a) Informant's signature Sue Mattie (b) Address Pima Arizona

17. (a) Burial, Cremation or Removal Burial (b) Place Pima Ariz (c) Date Sept 12 1944

18. (a) Embalmer's Signature W. E. Rawson (b) Funeral Director W. E. Rawson (c) Address Safford Ariz

19. (a) Sept 13 1944 (Date received by Registrar) (b) [Signature] (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Sept 10 1944 TIME (Hour and minute) 5:30 A. M.

21. I hereby certify that I attended the deceased from Sept 7 to Sept 10, 1944, that I last saw him alive on Sept 9, 1944, and that death occurred on the date and hour stated above. Immediate cause of death Pneumonia - Broncho

Due to Chronic Bronchial Asthma

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or Town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature [Signature] Address Safford Ariz Date signed 9/12/44 M. D.

18 30M-100% Rag-5/21/43